

MAY 10 2018

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UNITED STATES HOUSE OF REPRESENTATIVES

For New Members, Candidates, and New Employees

FORM B

LEGISLATIVE RESOURCE CENTER

18 MAY 14 AM 11:20

U.S. HOUSE OF REPRESENTATIVES
CITY OF WASHINGTON, D.C.

N/ (Office Use Only)

Name: <u>Steven M. Reilly</u>		Daytime Telephone: _____
FILER STATUS	New Member of or Candidate for U.S. House of Representatives	State: <u>Georgia</u> District: <u>7</u>
	Candidate – Date of Election: <u>May 3, 2018</u>	<input type="checkbox"/> Check if Amendment
New Officer or Employee	Staff Filer Type (if Applicable): <input type="checkbox"/> Principal Assistant <input type="checkbox"/> Shared	Period Covered: January 1, <u>16</u> to <u>16</u>
A \$200 penalty shall be assessed against any individual who files more than 30 days late.		

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? Yes No

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE A – ASSETS & “UNEARNED INCOME”

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income													
				A	B	C	D	E	F	G	H	I	J	K	L	M	
SP American Realty	None																
SP Capital Health	\$1-\$1,000																
Trust	\$1,001-\$15,000																
SP Market Vector	\$15,001-\$50,000																
SP Boeing Co	\$50,001-\$100,000																
SP Consumer Staples	\$100,001-\$250,000																
Select Sector	\$250,001-\$500,000																
SP First TR LargeCap	\$500,001-\$1,000,000																
SP Ishares SP 500	Over \$50,000,000																
SP Ishare TR 5+P	Spouse/DC Asset over \$1,000,000*																
SP Legg Mason CAP	NONE																
Mgmt	DIVIDENDS																
SP Materials Select	RENT																
SP MFS Blended	INTEREST																
Research Core	CAPITAL GAINS																
Equity	EXCEPTED/BLIND TRUST																
	TAX-DEFERRED																
	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)																
	None	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII		Current Year		
	\$1-\$200																
	\$201-\$1,000																
	\$1,001-\$2,500																
	\$2,501-\$5,000																
	\$5,001-\$15,000																
	\$15,001-\$50,000																
	\$50,001-\$100,000																
	\$100,001-\$1,000,000																
	\$1,000,001-\$5,000,000																
	Over \$5,000,000																
	Spouse/DC Income over \$1,000,000*																
	None	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII		Preceding Year		
	\$1-\$200																
	\$201-\$1,000																
	\$1,001-\$2,500																
	\$2,501-\$5,000																
	\$5,001-\$15,000																
	\$15,001-\$50,000																
	\$50,001-\$100,000																
	\$100,001-\$1,000,000																
	\$1,000,001-\$5,000,000																
	Over \$5,000,000																
	Spouse/DC Income over \$1,000,000*																

Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

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SP. ID.	ASSET NAME	EF	Assets and/or Income Sources	BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income																							
						A	B	C	D	E	F	G	H	I	J	K	L	M	I	II	III	IV	V	VI	VII	VIII	IX	X	XI
SP	Apple, Inc.	X			None																								
SP	Consumer-Disciplinary	X			\$1-\$1,000																								
SP	Health Care Select	X			\$1,001-\$15,000																								
SP	MFS Growth Class	A			\$15,001-\$50,000																								
SP	Technology Select	X			\$50,001-\$100,000																								
SP	Sector SPDR	X			\$100,001-\$250,000																								
SP	Home Depot	X			\$250,001-\$500,000																								
SP	Legg Mason Tech Volatility	X			\$500,001-\$1,000,000																								
SP	SunAmerica	X			\$1,000,001-\$5,000,000																								
SP	Focused Dividend	X			\$5,000,001-\$50,000,000																								
SP	Taurus Small/Mid Cap Growth	X			Over \$50,000,000																								
SP	John Hancock	X			Spouse/DC Asset over \$1,000,000*																								
	Mutual Fund - Mid-Cap																												

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SCHEDULE A – ASSETS & “UNEARNED INCOME”

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SCHEDULE A – ASSETS & “UNEARNED INCOME”

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SCHEDULE C – EARNED INCOME

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government), totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the sources for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,785. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

SCHEDULE D – LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and ~~two~~ prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generally a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Homestead, Homestate	<p>Steven M. Reilly, P.C.</p> <p>Law firm, legal services (clients are confidential per Georgia State Bar Rules)</p> <p>Accounting Services</p>

Use additional sheets if more space is required.